FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

Tiprad Broadcasting Co., Inc.

101 N. 10th St.

Lafayette, IN 47901

2. Year Report Filled

3. Reporting Period (Ending Date of Pay

4. Number of Full-Time Employees during Selected

2. Year Report Filed Reporting Period (check one):
a. Fewer than 16 (complete Sections I, IV, and V only)
b. 16 or more (complete all sections) Period Covered by Report) 2019 Dec. 31, 2018 SECTION II - Full-Time Employees. Number of Employees (Report employees in only one category) Race/Ethnicity Job Categories Hispanic or Not-Hispanic or Latino Total Latino Columns Male Female A-N Male Female White Black or Native Asian American Two or more White Black or Native Asian American Two or more African Hawaiian or Indian or races African Hawaiian or Indian or races American Other Alaska American Other Alaska Pacific Native Pacific Native Islander Islander В C A D E F G H L M N 0 Executive/Senior Level 1.1 0 Officials and Managers First/Mid-Level Officials and 0 Managers Professionals 0 Technicians 3 0 Sales Workers 0 Administrative Support 5 0 Workers Craft Workers 0 Operatives 7 0 Laborers and Helpers 0 Service Workers 9 0 TOTAL 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 PREVIOUS YEAR TOTAL 11

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SECTION III - Part-Time Emp	loyee	es.														
		Number of Employees (Report employees in only one category)														
Job	Ì	Race/Ethnicity														
Categories	ŀ	Hispanic or			Not-Hispanic or Latino											
		La	itino	Male						Female						Total Columns
		Male A	Female B	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian F	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4												·			0
Administrative Support Workers	5									***************************************						0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8									**************************************						0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Discr	imina	tion Compl	aints Pursuai	nt to 47 CFF	22.321. 23.5	5 90 168 101	4 and 101	311					······································			
This is to advise the company before a	ie Cor	mmission tha	at no complain	nts regarding	violations of t	he equal emple	ovment prov	visions of Fede	ral, state, territ	orial, or loca	al statutes hav	e been filed ag	ainst this			
This is to advise the	e Cor	mmission tha	at the following	complaints	alleging violat	ions of the pro	visions of ar	ny equal emple	ovment opportu	inity statule designation,	have been file and current s	ed against this status or dispos	company.			
SECTION V - Certification I certify that to the best of my kr																
			Name of Perso		anto in una rep											
			Stevenso	100	Signature Davet M Stevenson (765) 474-3776											
itle of Person Signing President					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											